APPENDIX Q

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELATION DATE):
Complaint visits were conducted on 5/17/96, 8/21/96, 10/23/96 and 11/22/96. The exit was held on 11/22/96. The facility had a condition level deficiency (A11, Compliance with Federal, State and Local Laws) Copy of statement of deficiency provided to facility.

17. SURVEYOR SIGNATURE	Date	18. STATE SURVEY AGENCY APPROVAL	Date
		Janet E. Melton	12-6-96

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OF SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY:
_ 1 Facility Is Eligible To Participate
_ 2 Facility Is Not Eligible

20. COMPLIANCE WITH CIVIL RIGHTS ACT:

21. 1. Statement of Financial Solvency (HCFA-2572)
2. Ownership/Control Interest Disclosure Stat(HCFA-15
3. Both of the Above ——————————>

22. ORIGINAL DATE OF PARTICIPATION	23. LTC AGREEMENT BEGINNING DATE	24. LTC AGREEMENT ENDING DATE
/ /	/ /	/ /

27. ALTERNATIVE SANCTIONS

25. LTC EXTENSION DATE	A. Suspension Of Admissions	B. Rescind Suspension Date
/ /	/ /	/ /

26. TERMINATION ACTION: ___

VOLUNTARY
1-Merger, Closure
2-Dissatisfaction W/ Reimbursement
3-Risk Of Involuntary Termination
4-Other Reason For Withdrawal

INVOLUNTARY
5-Failure To Meet Health/Safety
6-Failure To Meet Agreement

OTHER
7-Provider Status Change

28. TERMINATION DATE	29. INTERMEDIARY/CARRIER NO.
/ /	

30. REMARKS

31. RO RECEIPT OF HCFA-1539	32. DETERMINATION OF APPROVAL DATE
	/ /

DETERMINATION APPROVAL

FORM HCFA-1539 (7-84) (Destroy Prior Editions)

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APPENDIX R

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION

Case No.: 95-D-446-E

UNITED STATES OF AMERICA *ex rel.*, MAX STEVENS,
Plaintiff,

v.

EAST ALABAMA HEALTHCARE AUTHORITY, d/b/a
EAST ALABAMA MEDICAL CENTER AND TERRY ANDRUS,
Defendants.

DECLARATION OF ROBERT E. MELTON

I, Robert E. Melton, declare that:

1.

My name is Robert E. Melton, I am over the age of twenty-one years. I have never been convicted of a felony or crime of moral turpitude. I am under no legal disability, I am fully competent to make this Declaration and I make the same of my own free will. I have personal knowledge of the facts stated herein and they are true and correct.

2.

I have recently retired from the Alabama Department of Public Health after 30 years of service. I was Director, Certification Branch, Division of Licensure and Certification on December 6, 1996.

3.

I signed the enclosed letter of December 6, 1996 to Mr. Dale Kendrick and authorized the forwarding of a narrative report from my on-site inspection at EAMC along with

Medicare and life safety code deficiencies resulting from a complaint investigation on East Alabama Medical Center in Opelika, Alabama, a copy of which is attached and incorporated by reference with this declaration. I hereby certify as to the authenticity of the enclosed documents are true and correct copies of what I authorized to be sent to the Health Care Financing Administration (HCFA) on December 6, 1996.

4.

I instructed that the aforementioned documents be sent to HCFA, on or about December 6, 1996. I have heard nothing from HCFA since the letter was sent. I also sent a copy of the report and the lists of Medicare Certification deficiencies to EAMC. The report recommended that a plan of correction to HCFA be filed.

5.

East Alabama Medical Center, Inc. chose not to and did not send a plan of correction of the Medicare deficiencies noted in the attached documents as required by 42 CFR 488.28(a), a copy of said federal statute is attached and incorporated by reference with this declaration.

6.

Pursuant to 42 CFR 488.28(a) "a provider found to be deficient with respect to the conditions of participation may participate in Medicare *only* if the facility has submitted an acceptable plan of correction for achieving compliance within a reasonable period of time acceptable to the secretary." To my knowledge, to this date, EAMC has not submitted its plan of correction as required on HCFA form 2567 relating to Medicare Certification and Life Safety Code Deficiencies. This above referenced plan of correction, HCFA form 2567, is totally independent of the Licensure deficiencies found and reported to the Alabama Department of Public Health on its state forms.

/s/ Robert E. Melton
ED MELTON

SWORN TO AND SUBSCRIBED before me this the 8 day of April, 1999.

/s/ Hugh W. Small
HUGH W. SMALL
Notary Public

APPENDIX S

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. The findings above are discloseable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Form MCFA-2567(09-92) If continuation sheet Page 1 to 6

APPENDIX T

CODE OF FEDERAL REGULATIONS

TITLE 42—PUBLIC HEALTH

CHAPTER IV—HEALTH CARE FINANCING ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER G—STANDARDS AND CERTIFICATION

PART 488—SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

SUBPART A—GENERAL PROVISIONS

Current through September 29, 2000; 65 FR 58633

§ 488.10 State survey agency review: Statutory provisions.

(a) Section 1864(a) of the Act requires the Secretary to enter into an agreement with any State that is able and willing to do so, under which appropriate State or local survey agencies will determine whether:

(1) Providers or prospective providers meet the Medicare conditions of participation or requirements (for SNFs and NFs);

(2) Suppliers meet the conditions for coverage; and

(3) Rural health clinics meet the conditions of certification.

(b) Section 1865(a) of the Act provides that if an institution is accredited as a hospital by the JCAHO, it will be deemed to meet the conditions of participation:

(1) Except those specified in § 488.5;

(2) Provided that such hospital, if it is included within a validation survey, authorizes the JCAHO to release to

HCFA (on a confidential basis) upon request a copy of the most current JCAHO accreditation survey.

(c) Section 1864(c) of the Act authorizes the Secretary to enter into agreements with State survey agencies for the purpose of conducting validation surveys in hospitals accredited by the JCAHO. Section 1865(b) provides that an accredited hospital which is found after a validation survey to have significant deficiencies related to the health and safety of patients will no longer be deemed to meet the conditions of participation.

(d) Section 1865(a) of the Act also provides that if HCFA finds that accreditation of a hospital; psychiatric hospital; SNF; HHA; hospice; ASC; RHC; CORF; laboratory; screening mammography service; critical access hospital; or clinic, rehabilitation agency, or public health agency provider of outpatient physical therapy, occupational therapy, or speech pathology services by any national accreditation organization provides reasonable assurance that any or all Medicare conditions are met, HCFA may treat the provider or supplier as meeting the conditions.

[56 FR 48879, Sept. 26, 1991; 58 FR 61842, Nov. 23, 1993; 59 FR 108, Jan. 3, 1994; 62 FR 46037, Aug. 29, 1997]

<General Materials (GM)—References, Annotations, or Tables>